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The Effects Of Family Influence On Contraceptive Use Among Adolescents

Gladys Marie Davis Hill
Mississippi University for Women

THE EFFECTS OF FAMILY INFLUENCE ON CONTRACEPTIVE USE AMONG ADOLESCENTS

By

Gladys Marie Davis Hill

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By

Gladys Marie Davis Hill

Assistant Professor of Nursing
Director of Thesis

Phyllis W. Werner
Professor of Nursing
Member of Committee

Mary Patricia Curtis
Assistant Professor of Nursing
Member of Committee

Ralph Elliott
Director of the Graduate School

Abstract

This was a descriptive correlational study designed to determine if there was a relationship between adolescent contraceptive use and family communication. The null hypothesis stated that there would be no significant correlation in the adolescent use of contraceptive methods and family communication.

A researcher-designed tool, the "Adolescent Contraceptive Questionaire," was administered to 27 college students aged 18 and 19 years. Of this group there were 3 whites and 24 blacks.

The hypothesis was tested using the Pearson r correlation coefficient. There was no significant relationship between the adolescent's contraceptive use and family communication. The researcher failed to reject the null hypothesis.

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CHAPTER I

The Research Problem

Rates of adolescent pregnancy, abortion and out of wedlock childbearing in the United States continues to be high. Seventy-five percent of first births to white teenagers 15 to 17 years old between 1977 and 1982 were either born or conceived before the woman's first marriage, compared with 99 percent for Black teenagers of the same age (U.S. Bureau of the Census, 1984). The National Center for Health Statistics (1982) reported that there were 3,612,258 registered live births in the United States during 1980, of these, 562,000 were to women under the age of 20. Conversely during that same year (1980) there were 1,554,000 legal abortions and of that number 445,000 (28.6%) were to women 15-19 years of age. Teenage pregnancy is not a new problem for adolescents and their families and must be dealt with to decrease unwanted pregnancy.

A family perspective maintains that adolescents are influenced by many factors in their environment: family, peers, school, media, church, and neighborhood. Although the family's influence may be diminishing, it

remains the teenager's primary source of long-term caring and support, just as the family is often the primary source of their most intense conflict (Ooms, 1981).

To date research about sexuality and fertility has almost totally neglected the adolescent's family. Family members such as mother, father, siblings, and others may contribute to the teenager's pattern of sexual behavior. All can be profoundly affected if an unplanned birth occurs as a consequence of the adolescent's behavior. Since very little specific information has been generated that reflects on the influence that family members play on the adolescent's contraceptive behavior, this researcher will attempt to add to this body of knowledge by studying the adolescents' perception of their families' influence on their contraceptive use.

Disputes and conflicts between parents and adolescents are considered necessary and normal. Sexual maturity immediately sets up new boundaries between parents and their children. When the adolescent engages in sexual activity, more than any other activity, it perhaps symbolizes a separation from parents. And yet parents still have the duty, while

respecting the need for privacy, to help their children understand the responsibilities and consequences of engaging in sex. Paradoxically, pregnancy dramatically signals to the family and the world outside that in one dimension at least, adult status has been achieved. At the same time, pregnancy usually thrusts the teenager into renewed dependence on parents, sexual partner, or other adults such as doctors and counselors (Ooms, 1981).

It is clear that there is a need to devise strategies and policies to narrow the gap between initiation of intercourse and the initiation of contraception by teenagers and to promote their consistent use of effective contraceptives. Family planning services is one strategy. It grew phenomenally from the mid 1960s to the mid 1970s. In 1964, the federal government made its first family planning grant, which served only married women. By 1970, Congress passed the first national family planning and population legislation. Federal expenditures grew from less than $16 million to close to $200 million. In 1969 there were less than a quarter of a million teenagers using family planning clinics; by 1976 this had grown to 1.2 million (Family Planning Perspectives, 1979).

The increased complications and health risk accompanying too early pregnancy led Kanter and Zelnik to survey adolescent girls in 1972. This survey indicated that nearly 3 in 10 unwed teens were sexually active, and more than half of them were not using contraception.

Research programs were established to study the problems of young mothers who typically did not have access to adequate family planning, prenatal and maternal and child health services. In relation to family communication and the adolescent, Zabin and Clerk (1981) found that a major reason for the delay (9 months) between onset of sexual activity and request for contraception was the fear that their parents would find out (31 percent of the sample). This suggests that communication is poor in relation to contraception.

Conversely, Jessor and Jessor (1975) reported data which indicated that parents have influence on the transition of male and female high school and college students from virgin to a nonvirgin status. Related to this, Furstenberg (1971) concluded from his study of mothers and daughters that adolescents were more likely to use contraception and be more successful in delaying subsequent pregnancies when the mothers knew that their

daughters were sexually active and talked about using contraception.

A booklet called 11 Million Teenagers published in 1976 has been widely distributed and is the single most influential publication on the topic of teenage pregnancy. This booklet summarizes information, data, and research concerning teens. It urged the public to become more aware of the "epidemic" number of teenagers at risk for pregnancy (Alan Guttmacker Institute, 1976). By 1979 the American Bar Association adopted standards recommending "that minors of any age be able to consent to their own sex related care without notification of parents being necessary," unless the adolescent's life was clearly in danger (Ooms, 1981, p. 29). The success of the movement toward reproductive freedom and availability of contraceptive services was not accomplished easily and it is still a dilemma that health care providers must address.

The health care of the adolescent client in relation to his/her sexuality and contraceptive care is a concern of health care providers. Many of those providers lack an understanding and fail to realize the influence that the family has on the

adolescent's sexual and contraceptive behaviors. This study will attempt to assess this influence.

With some 11 million teenagers at risk for pregnancy today and the rising number of teenage pregnancies in the United States, a better understanding of their contraceptive practices is demanded. Comprehensive care of this population will continue to challenge health care providers. The Family Nurse Clinician (FNC) as a primary care provider needs to be aware of pertinent factors when providing effective contraceptive care to the adolescent client. This entails being aware of communication between the adolescent and his/her family in addition to the influence they may have on his/her behavior. Therefore, the purpose of this study is to consider the role the family plays on the adolescent's sexual and contraception behaviors. It will attempt to answer the question: Does communication with family members have any influence on the adolescent's contraceptive behavior?

CHAPTER II

Theoretical Framework

The theoretical basis for this study of family influence on the adolescent's use of contraception is Roy's Adaptation Model. Roy views man as a biopsychosocial being in constant interaction with a changing environment. To cope with a changing world, the person uses both innate and acquired mechanisms, which are biological, psychological, and social in origin (Riehl & Roy, 1980). Stimuli are manipulated by the nurse to promote man's adaptation along the health-illness continuum. The process of adaptation occurs when the individual positively responds to internal and external change in one of four different modes identified by Roy (1976). The interdependence and role function modes of Roy's model will be tested in this study.

According to Roy's model, as the adolescent client begins to discover his sexuality (external environment) and desires for sexual intercourse (internal environment), he is in a state of change. His degree of satiety or satisfaction needs (non-sexual activity) changes also. This creates a

deficit in the adolescent which triggers the appropriate mode such as the interdependence mode. In this mode there is a balance between dependence and independence. Dependency behaviors include help seeking actions, in this case the adolescent seeking contraception information and methods. Independency behaviors include initiative-taking and obstacle mastery. This may be seen in the adolescent taking it upon himself to seek help with contraception and making a choice of whether to use or not to use contraceptive measures; thus dealing with the consequences of sexual activity. Each person varies in his need for dependency and independency according to many conditions of time and place (Roy, 1976). The FNC can manipulate stimuli such as providing a relaxed atmosphere, showing a caring attitude, providing assurance of confidentiality and many other measures to assist the adolescent in the interdependence mode.

A second mode in Roy's adaptation model is the role function mode. To maintain his social integrity the individual must have others in the environment to interact with, cues of appropriate behavior and access to the facilities of role performance. When these are lacking, need deficits are created, and the role

function mode is activated (Galbreath, 1980). In theory the adolescent as a result of his new sexual behavior or role decides to use or not to use contraception based on the responses of others (i.e., family, peers, community, society). The FNC can assist the adolescent in this mode by providing information and support that may help him accept his new role.

CHAPTER III

Hypothesis

Theoretical Null Hypothesis

When adolescents are surveyed and the results analyzed there will be no significant correlation between family communication and contraceptive use.

Theoretical Definitions

Adolescents. College students aged 18 and 19 years who are enrolled at a small private college in West Central Alabama or a state university in East Central Mississippi.

Surveyed. Administered the "Adolescent Contraceptive Questionaire."

Analyzed. Utilizing the Pearson r.

Significant Correlation. The level of significance at the 0.05 level.

Family Communication. The discussion of sex and/or birth control between the adolescent and the person(s) responsible for his/her care.

Contraceptive Use. Methods of birth control.

Operational Hypothesis

When college students aged 18 and 19 years enrolled at a private college in West Central

Alabama and a public university in East Central Mississippi complete the "Adolescent Contraceptive Questionaire" and the results are analyzed using the Pearson r, there will be no significant correlation at the 0.05 level between the discussion of sex and birth control by the adolescent with his/her family and the method of birth control used by the adolescent.

CHAPTER IV

Review of the Literature

This chapter will start with an overview of the adolescent's developmental tasks. This is necessary because the tasks are important in understanding the sexual awakening of the adolescent with its inherent need for a discussion of contraception.

The changing mores of society in relation to sexual behavior will be discussed, and specific research studies will be cited regarding current contraceptive behaviors of the adolescent. Research studies dealing with the family's influence on adolescent premarital sexual behavior and contraception practices will also be presented.

Developmental Tasks of the Adolescent

Adolescence is a unique developmental period which eludes both an adequate definition and complete understanding. It is a confusing stage for adolescents, their families, and those providing health care. Erikson (1968) and Lowery (1973) describe the major developmental task of adolescence as being the formulation of an identity. This occurs gradually and encompasses all that the one-day adult

believes about himself. Included are feelings about physical appearance, self and sexuality; cognition and the ability to be understood; social status; value system; relationships to others; and the ability to become independent from the nuclear family. A part of this total identity is sexual identity and intimacy. Kagan (1972) states that sex-role identity arises from three sources: (1) the family in which the parent of the same sex becomes a role model for the child, (2) the peer group which tends to define certain sex roles for the child, and (3) adolescence when the sex-role identity is affected by sexual interaction.

These developmental tasks must be accomplished in a relatively short period (less than 10 years) and at a time when the adolescent feels particularly vulnerable. Adolescence is characterized as a confusing (crisis) period that precedes maturity; it is highlighted by inconsistency, uncertain feelings, and unpredictable reactions (Fogel & Woods, 1981; McAnarney & Aten, 1981).

Sex Trends and Adolescent Contraceptive Behaviors

Situational ethics have made society aware of the variety of choices that may be regarded as legitimate.

The seventies brought much more tolerance of a variety of alternate life styles. For example, living together has become more common. Increasing numbers of young people, including adolescents, refuse to believe that sexual association should be limited to married couples (Reiss, 1976).

The choice of how to think and behave sexually is now accepted as important for young people, and they are seriously exploring the full range of possibilities. Many parents today do not accept the legitimacy of such sexual choices and believe that abstinence is the proper path. However, the majority of contemporary young adults and adolescents believe that they legitimately have a choice in sex as in politics, religion, and other personal areas of existence (Daniel, 1977; Reiss, 1976).

Recently there have been a number of studies which considered the changing attitudes in American society toward sex. Some of these studies dealt specifically with adolescent sexuality (Kantner & Zelnik, 1972; Zelnik & Kantner, 1978; Zelnik & Shah, 1983). Kantner and Zelnik (1972) found that, among the 3,132 white and 1,479 black adolescents surveyed, about 28 percent of the female population between

15 and 19 years had had coital experience. In addition the likelihood of a single teenage girl having had intercourse rises from 14 percent at age 15 years to 46 percent by age 19. The black adolescent has twice the likelihood (54 percent) in comparison to the white adolescent (23 percent). This trend indicates that initial premarital sexual experiences are occurring at younger ages among girls.

The sexually experienced teenage female tends to have a rather stable relationship with one person, often the person she will marry. Zelnik and Kantner (1978) replicated the 1972 survey and found that 34.9 percent of never married 15-19 year olds were sexually active and that adolescent girls were more likely to have more than one sexual partner before marriage.

Zelnik and Kantner (1979) in another survey of 1,717 females and 1,917 males found that 50 percent of women aged 15-19 and 70 percent of men aged 17-21 living in metropolitan areas of the United States reported having had sexual intercourse. The average age at which young women had their first sexual experience was 16.2, compared with 15.7 among the men. The proportion of United States teenage women residing in metropolitan areas who had had premarital sexual

experience rose from 28 percent in 1972 to 34.9 percent in 1977 and to 50 percent in 1979. The last study was the only one that surveyed males, 70 percent of whom reported having had sexual intercourse. These findings indicate that there is a changing trend of more liberal sex norms in society.

With more liberal sexual norms and earlier sexual activity, the problem of teenage pregnancy rises. In 1975 teenagers between the ages of 15-19 years were responsible for 49.7 percent (600,000 births) of the total live births in the United States and 28,000 legal abortions (U.S. Bureau of the Census, 1983).

The girl who becomes pregnant while still a teenager faces a multitude of problems. Potentially severe medical complications place both the mother and infant at risk for illness and death. And apart from the numerous biological dangers (i.e., toxemia, uterine dysfunction) she faces, the adolescent's life is disrupted. Incomplete education, low income level, psychologic and developmental problems, high parity, and potential social dependency are common among pregnant teenagers (Fogel & Woods, 1981). Therefore, the use of contraceptive measures are indicated to assist in the prevention of unwanted teenage pregnancies.

Family Influence on Premarital Sex and Contraception

Zabin and Clark (1981) studied the factors that may influence the adolescent's use of contraception. The sample consisted of 1,219 female patients attending a medical facility and seeking contraceptive help for the first time. All subjects were 19 years or younger and completed a questionaire. No specific hypothesis was stated; however, the researchers found that the median delay was about nine months to one year between onset of sexual activity and request for contraception services. One of the major reasons cited for this delay was the fear that their parents would find out (31 percent). This finding would seem to suggest that communication between the adolescent and his/her family is low in relation to contraception use.

Because the adolescent is going through a transformation of self, the young person often defers to external sources such as the family to compensate for internal instability. Fox and Inazu (1980) explored communication between mothers and their adolescent daughters about sex and birth control. The sample consisted of 449 mothers and their 14-16

year old daughters, 56 percent of whom were black while the remainder were white. The researchers concluded that differences in the discussion between mothers and their daughters about sex related topics (i.e., menstruation, dating and boyfriends, sexual morality, how babies are made, sexual intercourse and birth control) were associated with the social and structural characteristics of the family. The findings also indicated that there had been at least some discussion about each of the six topics in nearly every mother-daughter pair in the sample. Differences according to family structural variables were minimal in relation to the topics of menstruation and dating and boyfriends because most mothers and daughters had discussed these topics. Differences according to family structure were more apparent on the less widely discussed topics--sexual morality, conception, sexual intercourse and birth control.

More black mothers than whites had discussed sexual intercourse and birth control with their daughters. On the other hand, on the subject of how babies are made (conception), more white mothers had discussed this with their daughters than black mothers. Mothers with a college education were more

likely to talk about conception and birth control than mothers with a high school education or less. Concerning sexual intercourse and birth control, mothers in the highest and lowest income group were less likely to discuss these topics with their daughters than those in the moderate income group. Fox and Inazu (1980) concluded from the data that mothers want their daughters well informed but they do not want to appear to be "pushing" the topics. Daughters want guidance and information but do not want to risk revealing aspects of their own sexual behavior.

Torres (1978) explored the extent of communication within the family. He assessed the family's knowledge about the adolescent's visit to a family planning clinic for the purpose of receiving contraceptive services. The researcher asked the subjects what they would do if their parents had to be notified about their visits to the clinic. A sample of 1,442 unmarried adolescents aged 17 and younger were taken from 53 clinics largely from southern and midwestern states. The data revealed that over half (55 percent) of the female adolescents attending family planning clinics indicated that their

parents were aware of their visits. Teenagers under 15 were least likely to attend a clinic without their parents' knowledge, but many of those above 15 also reported that their parents knew about their visits to the clinics.

Although the majority of the adolescents reported that their parents knew about their visits for contraceptive services, a substantial portion of them were receiving care without their parents' knowledge. Rather than reveal to their parents intentions to visit the clinic some adolescents would choose to forego clinic care (Torres, 1978).

Jessor and Jessor (1975) conducted two parallel, but separate, longitudinal studies: one with 1,126 high school youth consisting of a random sample stratified by sex and grade, and one with 497 freshmen consisting of a random sample stratified by sex. The studies took four years to complete and the findings indicated that parents have an influence on the transition of male and female high school and college students from a virgin to a non-virgin status. The researchers found that parental values and support (along with other social and psychological variables) distinguish adolescents who remain virgins from

those who initiated sexual activity within the year before they were surveyed.

Fox and Inazu's 1979 study (cited in Fox, 1982) concluded that discussion between mother and daughter regarding sex encouraged responsible sexual behavior among adolescents. They defined two roles that mothers can and do play when talking to their daughters about sex:

> The first is the role of protector, which mothers assume during the first phase of sex communication process. . . . The second role is that of guide, in which the mother responds to the daughter's changed sexual status (i.e., non-virgin) by providing more discussion of sex and birth control. The roles are similar in that they both indicate more rather than less communication about sensitive sex related topics . . . (p. 129-30).

Fox and Inazu's (1974) findings support earlier research (Furstenberg, et al., 1979; Furstenberg, 1971). In this research, a sample of 337 unmarried black adolescents who entered a prenatal care facility in Baltimore and 307 of their mothers were studied over a two year period. The data revealed

that most adolescents took great care to conceal their sexual activity from their mothers. The mothers in turn, feigned ignorance of their daughter's sexual activity although they acknowledged that most of their daughter's peers within the community were sexually involved. This "mutual agreement of concealment" between mother and daughter typically remained in force until the adolescent became pregnant. However, where this strategy of denial was abandoned with either the daughter or mother openly acknowledging that sexual relations were occurring, and making an effort to share information about contraception, there was a noticeable improvement in the adolescent's use of contraception. Furstenberg (1971) concluded that adolescents were more likely to use contraception and be more successful in delaying subsequent pregnancies when the mothers knew that they were sexually active and talked about using contraception.

Although there has been much support indicating that family communication has an influence on contraceptive behavior, research by Hercez-Baron and Furstenberg (1982) found the opposite to be true. The researchers hypothesized that teenage ability to practice contraception effectively would be associated

with increased family communication about sex, birth control and clinic attendance. The preliminary findings were obtained from two interviews with 208 nonpregnant female teenagers (under age 18). The sample was a part of a larger group of nearly 500 who were participating in the Kinship Support Project, a research project designed to assess the influence of family support on adolescent contraceptive practice.

Data analysis is still being conducted. Initial findings indicate that the proportion of respondents reporting that they had discussed sex and contraception with at least one member of their family rose from 74 percent to 83 percent between the initial and follow up intervals. Forty-nine percent said they had discussed sex related matters with their sisters and 40 percent said they had talked to their mothers. During the initial interview 61 percent of the teenagers reported that someone in their families knew about their clinic attendance; at the second interview, 82 percent did so. Forty-two percent of the respondents at the first interview said their mothers knew of their visit, but 62 percent did so at the time of follow up. The sisters' knowledge of the subjects' visits rose from 46 to 57 percent.

Fathers and brothers who were aware of the clinic visit doubled from 12 to 25 percent.

The findings indicate that the proportion who were effective users remained much the same whether or not family members knew of the clinic visit. However, in the months following their first visit to a family planning clinic, adolescents tended to increase communication with their families about sex and birth control and about clinic attendance. The family involvement in adolescent contraceptive use is a complex phenomenon that must be viewed as having the potential to change over time and among family members. These findings seem to establish a need for further study of family communication and influence on adolescents' use of contraception.

Summary

The adolescent period is a time of many changes. It is a time of sexual awakening and dealing with heterosexual relationships. This time of confusion and change is further complicated by our changing societal norms in relation to sex. Today the attitude toward sex is more liberal. With the sexual liberalization of women and the increase in sexual activity among teenagers the problem of

pregnancy rises. To decrease the problem of unwanted pregnancy there is a need for contraception. The literature suggests that direct and well timed communication by parents about birth-control may have a beneficial impact on the adolescent's contraceptive behavior.

CHAPTER V

Research Design and Methodology

Research Approach

A descriptive correlational design was used for this investigation. "Descriptive correlational research describes the interrelationships among variables of interest without any active intervention on the part of the researcher" (Polit & Hungler, 1983, p. 182). The purpose of this research study was to describe the relationship between contraceptive use by adolescents and their communication with their family.

Variables

The dependent variables were the adolescents'use of a contraceptive method (behavior) and the impact of the family on this use. The controlled variables in this research were age and residence. Intervening variables included: (1) the sex of the respondent; (2) the respondent's perception of the importance or seriousness of pregnancy and the need for prevention of unwanted pregnancy; (3) the truthfulness of the respondent; and (4) the physical and mental state of the respondent at the time of completing the questionaire.

Selection of Subjects

The population studied consisted of 18 and 19 year olds from a public and a private institution for higher education. The public facility is a liberal coeducational facility located in East Central Mississippi. There were 2,278 students enrolled at the facility during the fall of 1983, of which only 309 (14 percent) were male. The majority of this university's students are residents of the state followed by residents from Alabama, Tennessee, Florida, and Louisiana as well as other states and foreign countries. The average family income of the students at the university is $15,000. Eighty-one percent of the students are white and 18 percent are black with other ethnic groups in attendance (Mississippi University for Women, Office of Institutional Research, 1983).

The private institution is a liberal arts coeducational facility located in North Central Alabama. The enrollment for fall 1983 was 626. There were 267 males (41 percent) and 359 females (59 percent) enrolled and 99.9 percent of them were black. The majority of the students who attend the college are residents of the state followed by residents from

Florida, Mississippi, Michigan, Illinois, Georgia, and Nigeria. The average family income of the students is less than $12,000 (National Alliance of Business, 1984).

It was proposed that at least 15 students would be taken from each institution. However, due to the limitation of time only 7 subjects were selected from the public facility. The majority (20 subjects) were taken from the private facility. The total number of subjects in the sample was 27.

Data Gathering Process

The researcher obtained documentation of informed consent from each institution prior to the date of distribution of the questionaires (Appendix A). On the date of data collection, a consent form coded with a questionaire was given to each subject (Appendix B). The researcher asked each participant to read the consent form. If necessary, the researcher read the consent form to him/her and asked the participant to sign it. The researcher was available to answer any questions regarding the consent form. The participant was then asked to complete the questionaire (Appendix C) and return it to the researcher. Data were collected May 1, 1984 at the private facility in

Alabama and June 19, 1984 at the public facility in Mississippi.

Instrumentation

The instrument used was the "Adolescent Contraceptive Questionaire" (Appendix C). It was devised by the researcher based on the review of literature. The instrument was designed so that sexually active or non sexually active males and females could answer the qeustions. The instrument consisted of 26 checklist and fill-in type items designed to solicit information from the respondents in three general areas: (1) demographic background, (2) past contraceptive behaviors and family communication, and (3) present contraceptive practices.

Section one measured demographic background. Variables included age, sex, ethnic background, and income level (questions 1-4). Section two asked about past contraceptive behaviors and family communication. It consisted of 15 questions including age of first intercourse (question 2), type of birth control used (question 6), to family communication about contraception and sex (questions 9, 13, and 14). Section three sought information

about past contraception behaviors and family communication. It consisted of seven questions many of which were the same as questions in section two but dealt with the present rather than the past.

A score devised by the researcher and experts in the field of nursing to measure the adolescent's contraceptive behavior (use) was taken from questions 3, 4, and 6 in section 2 and question 2 in section 3. Each response was assigned a value on a scale ranging from 0-16. A score of 16 being the highest and most positive in relation to contraceptive use. A score devised from questions 4, 5, 6, 7 (section 3) was used to measure communication between the adolescent and family about contraceptive measures. Each response was assigned a value on a scale ranging from 0-55. The highest score of 55 represented the most communication between the adolescent and his family.

A pre-test was administered to 5 college students ages 18 and 19 years in North Central Alabama. The consent from explaining the project along with a questionaire was given to these participants. Two males and three females participated in the pre-test. No changes were recommended from the pre-test.

Statistical Analysis

The Pearson r statistical test was used on the two scores to test the hypothesis of this study. This coefficient was computed because the variables correlated had been measured on either an interval or ratio scale (Polit & Hungler, 1983). Descriptive analysis was used to describe the demographic data.

Assumptions

1. Sex and birth control are major issues during the adolescent years.

2. Unwanted pregnancy is a problem during the adolescent period.

3. Communication about sex and birth control is important between the adolescent and his/her family.

4. Family Nurse Clinicians (FNC) will use the information obtained in this study in their practice.

Limitations

1. The population was limited to 18 and 19 year olds.

2. The fact that Alabama and Mississippi are southern states prevents generalization to other areas of the United States.

3. Subjects were asked to give a retrospect report in part of the questionaire and this is subject to recall error.

CHAPTER VI

Analysis of Data

The purpose of this study was to determine if there was a relationship between adolescent contraceptive use and family communication. Data were collected from subjects who were administered the "Adolescent Contraceptive Questionaire," a researcher-designed tool.

A total of 27 subjects were taken from a private college in Alabama and a state university in Mississippi. There were 9 eighteen year olds (33.3%) and 18 nineteen year olds (66.7%). The group consisted of 9 males (33.8%) and 18 females (66.7%). The racial distribution of the subjects was 3 whites (11.1%) and 24 blacks (88.9%). The majority of the subjects (40.7%) had an income of less than $10,000 and 14.8% had an income of more than $35,000.

There were two scores possible on the questionaire, a Contraceptive use score (CUS) and a Family communication score (FCS). The CUS had a possible range from 0-16 with 16 indicating a more effective contraceptive method. The FCS had a possible range from 0-55 with 55 indicating the most

family communication. Demographic data and scores can be found in Table 1.

Hypothesis

The researcher hypothesized that there would be no significant correlation between adolescent contraceptive use and family communication. To test this hypothesis, the researcher analyzed the data using the Pearson r correlation coefficient at the 0.05 level of significance.

When the contraceptive use score and the family communication score were correlated, the r value was 0.1469 which was not significant. Consequently the researcher failed to reject the null hypothesis. The correlation of the contraceptive use score and family communication score can be found in Table 2.

Additional Findings

To further evaluate the data the Pearson r correlation coefficient was utilized with the variables of age, sex, and race and the scores of Contraceptive use (CUS) and Family communication (FCS). When age was correlated with the scores, the r values were 0.1155 for CUS and -0.2487 for FCS and were not significant at the 0.05 level.

Table 1

Demographic Data and Scores

No.	Age	Sex	Race	Contraceptive use score	Family comm. score
S_1	19	F	B	8	15
S_2	19	F	B	14	55
S_3	18	M	B	11	0
S_4	18	M	B	1	25
S_5	19	F	B	11	35
S_6	19	M	B	8	5
S_7	19	F	B	10	30
S_8	18	F	B	6	50
S_9	19	M	B	6	20
S_{10}	19	F	B	13	20
S_{11}	18	M	B	7	25
S_{12}	19	M	B	9	40
S_{13}	19	M	B	1	20
S_{14}	19	F	B	11	50
S_{15}	19	F	B	8	5
S_{16}	19	M	B	4	15
S_{17}	18	F	B	14	45
S_{18}	18	F	B	6	50
S_{19}	18	F	B	8	30

No.	Age	Sex	Race	Contraceptive use score	Family comm. score
S_{20}	18	F	B	13	50
S_{21}	18	F	B	11	50
S_{22}	19	F	B	11	50
S_{23}	19	M	B	7	40
S_{24}	19	F	W	11	10
S_{25}	19	F	W	11	25
S_{26}	19	F	W	16	0
S_{27}	19	F	B	11	50

Table 2

Comparison of Contraceptive Use Score and Family Communication Score

Measure	N	r	p
Contraceptive Use Score	27	0.1469	0.232
Family Communication Score	27		

When sex was correlated, the r values were 0.6136 for CUS and 0.3618 for the FCS which were significant at the 0.05 level. This finding indicated that more females tended to use contraceptive methods and also communicated more with family members about sex and birth control than did males.

When race was correlated, the r values of -0.3429 for the CUS and 0.3731 for the FCS were significant at the 0.05 level. This indicated that blacks tended to talk more with their families about sex and engaged in more contraceptive behaviors. The preceding findings are listed in Table 3.

Table 3

Correlation of Demographic Variables

Variables	CUS		FCS	
	r	p	r	p
Age	.1155	.283	-.2487	.105
Sex	.6136*	.000	.3618*	.032
Race	-.3429*	.040	.3731*	.028

*$p \leq 0.05$.

One observation that was made by the researcher during data collection was that some of the subjects completed a section of the questionaire which they indicated earlier on the tool did not apply to them. This would seem to indicate either confusion with the wording of the tool or a rush in completing the questionaire.

CHAPTER VII

Summary, Conclusions, Implications and Recommendations

Summary

This was a descriptive correlational study designed to determine if there was a relationship between adolescent contraceptive use and family communication. The null hypothesis stated that there would be no significant correlation in the adolescent use of contraceptive methods and family communication.

A researcher-designed tool, the "Adolescent Contraceptive Questionaire," was administered to 27 college students aged 18 and 19 years. Of this group there were 3 whites and 24 blacks.

The hypothesis was tested using the Pearson r correlation coefficient. There was no significant relationship between the adolescent's contraceptive use and family communication. The researcher failed to reject the null hypothesis.

Conclusions and Implications

The results of this study did not validate previous research which stated that family communication and influence had some effect on

adolescent contraceptive use (Furstenberg, 1971; Fox & Inazu, 1979; and Fox, 1982). Small sample size may have been a determining factor in this result.

Based upon the data obtained in this study, it appears that there is no relationship between the adolescent contraceptive use and family communication. This would imply that the Family Nurse Clinicians (FNCs) in practice should stress other influences besides the family in order to promote more effective use in adolescent clients.

When the Pearson r correlation coefficient was utilized with the demographic data, there was a significant correlation at the 0.05 level for sex and race with both the CSU and FCS. The females tended to use more effective contraceptive methods than males and they also communicated more with their families than males.

These findings would imply to the FNC that there is a need for reality orientation for male adolescents in relation to their sexual responsibilities. Also the importance of communication within the family relative to sex and birth control use by the male adolescent member should be stressed.

In relation to race, whites tended to use less effective contraceptive methods and had less family communication about sex and birth control than blacks. The fact that the study included more blacks (24, 88.9%) than whites (3, 11.1%) may have affected the data. This leads the researcher to conclude that more research controlling for race through random stratification is necessary.

In relation to the researcher-designed questionaire there was some difficulty in scoring the tool. There were only four questions relating to contraceptive behaviors where there were eleven questions relating to family communication; thus, making it difficult to score. In addition to this, some of the subjects completed a section on the tool that they had indicated earlier did not apply to them. This indicates further need for testing and revisions of the tool.

Recommendations

Research. Based upon the research findings, it is recommended that there be:

1. Replication of the study utilizing a larger sample.

2. Replication of this study with a random stratification by race.

3. Replication of this study utilizing subjects in different parts of the country.

4. Revision of the researcher-designed tool to include more questions concerning contraceptive behaviors for easier scoring.

5. Revision of the tool to increase clarity.

6. Conduction of a longitudinal study to determine if contraceptive use and family communication changes over time.

7. Conduction of a study which explores multiple factors that affect adolescent contraceptive behaviors.

Nursing. Based upon the research findings it is recommended that:

1. The Family Nurse Clinician should stress other influences besides the family to increase effective contraceptive use in adolescent clients.

2. Reality orientation is needed for male adolescents in relation to their sexual responsibilities.

3. Communication within the family relative to sex and birth control use by the male adolescent member should be stressed.

APPENDICES

APPENDIX A

Letter of Explanation of Research

Dear_____:

I am currently a graduate student at Mississippi University for Women studying for a master's degree as a family nurse clinician. As part of my requirements I am conducting a research study to assess family influence on contraceptive use among adolescents. As you know much information is needed on what influences our youth. This study will hopefully add a better understanding on what factors may affect contraceptive use among adolescents, specifically where their families are concerned. The results of this study will assist health care providers in giving better care to the adolescent client.

I would very much appreciate your assistance in collecting the data and an opportunity of conducting the study with your students. This will involve distribution of a questionaire which will take 10-15 minutes to complete by your freshmen students who are willing to participate in the study. No names will appear on the questionaire and all information obtained will be confidential. I anticipate the study will take place between May and July. The data will be analyzed as a group and a summary of the data will be written for my master's thesis. The analyzed data and summary of the findings will be made available at your request. I would like to meet with you at the earliest possible time to discuss conduction of my study. If you have any questions please call me at 553-2798 in Tuscaloosa.

Sincerely,

Gladys D. Hill, RN

Enclosure

APPENDIX A (continued)

Institution's Agreement Concerning Nursing Study

Title of Study: "The Effects of Family Influence on Contraceptive Use Among Adolescents"

_____
Name of Institution

Study discussed with and explained to:

_____
Name of Representative

Communications concerning clients as indicated:

Comments concerning agreement:

_____ _____
Date Signature of Representative

_____
Researcher

APPENDIX B

Consent Form

The Effects of Family Influence on Contraceptive Use Among Adolescents

Explanation of Research:

I am Gladys D. Hill, a graduate student at Mississippi University for Women. As part of my graduate work I am conducting a research study to assess family influence on contraceptive use among adolescents. This study will hopefully add a better understanding of what factors may affect contraceptive use among adolescents, specifically where their families are concerned. The results of this study will assist health care providers in giving better care to the adolescent client.

Your participation in this study is entirely voluntary. If you decide to participate in this study you will be asked to fill out a short questionaire that will take about 10-15 minutes to complete. Your name will not appear on the questionaire. All information obtained will be confidential and analyzed as a group. A summary of the data will be written for a master's thesis. The analyzed data and summary of the findings will be available to each respondent if desired.

I understand the explanation given to me regarding the purpose of this study and the procedure to be used in obtaining the sought information. I understand I may withdraw from the study at any time.

Signature_____ Date_____

Researcher_____ Date_____

APPENDIX C

Adolescent Contraceptive Questionaire

DIRECTIONS: DO NOT WRITE YOUR NAME ON THE QUESTIONAIRE. Mark your answers with a check (✓) beside the response that best answers the question or write in your answer when indicated. PLEASE ANSWER EVERY QUESTION.

I. DEMOGRAPHIC BACKGROUND

1. Age a. 18 yrs ___ b. 19 yrs_____

2. Sex a. Male_____ b. Female_____

3. Ethnic background a. White___b. Black___

   c. Other, write in_____

4. What income range best describes your family's gross income last year?

   a. Under $10,000_____ b. $10,000-14,999____

   c. $15,000-19,000_____ d. $20,000-24,999____

   e. $25,000-29,999_____ f. $30,000-34,999____

   g. Over $35,000_____

II. PAST CONTRACEPTIVE BEHAVIORS

1. Are you now or have you ever been sexually active? Yes_____ No_____

2. How old were you when you first had sexual intercourse?

   a. Under 13 yrs___ b. 14 yrs___ c. 15 yrs___

   d. 16 yrs___ e. 17 yrs___ f. 18 yrs___

   g. 19 yrs___ h. Not applicable___

3. Were you using or do you plan to use any form of birth control method when you had/have your first sexual intercourse?

   a. Yes___ b. No___

4. If not, how long after your first sexual intercourse did/or would you wait before seeking contraceptive services?

   a. Under 2 wks___ b. 2 wks-2 mos___

   c. 2½ mos-4½ mos___ d. 5 mos-7 mos___

   e. 7½ mos-9½ mos___ f. 10 mos & over___

   g. Not applicable___

5. Your age when you first began or think you will begin using a birth control method.

   a. Under 13 yrs___ b. 14-15 yrs___

   c. 16-17 yrs___ d. 18-19 yrs___

   e. Do not know___

6. Which type of contraception method did you or would you first use?

   a. The pill___ b. IUD___ c. Diaphragm___

   d. Foam___ e. Condom___ f. Rhythm method___

   g. Other, please list_____

   h. Don't know___

7. Which best describes the site for your first family planning services?

   a. Clinic___ b. Private physician___

   c. Health Dept. ___ d. Student Health

   Center___ e. Other, please list_____

   _____

8. Which of the following best describes what prompted you or would prompt you to seek contraceptive help?

   a. Fear that you might be pregnant___

   b. Fear that your partner might become

   pregnant___ c. Anticipated becoming sexually

   active___ d. Was already sexually active___

   e. A family member urged you to do so___

   f. Other, please comment_____

9. Did you or would you talk to a family member before you sought contraceptive services?

   a. Yes___ b. No___ c. Not applicable____

10. If yes was or would it be a parent?

    a. Yes___ b. No___

11. Did or would a family member know about your contraceptive use?

    a. Yes___ b. No___

12. If a family member knew or were to know, who?

    a. Mother___ b. Father___ c. Sister___

    d. Brother___ e. Legal guardian___

    f. Other, please specify_____

13. Were you or would you be able to talk to your parents about sex before you sought contraceptive services?

    a. Yes___ b. No___. If not, why not? Please

    comment_____

14. Were you or would you be able to talk to your parents about birth control before you sought contraceptive services?

    a. Yes___ b. No___. If not, why not?

    Please comment_____

    _____

15. Did you or do you feel your parents were/are knowledgeable enough to discuss contraceptive methods with you?

    a. Yes___ b. No___ c. Don't know___

III. PRESENT CONTRACEPTIVE BEHAVIORS

1. Are you currently using a birth control method?

    a. Yes___ b. No___ c. Not applicable___

    If yes, please complete all of the following questions.

2. Which method of birth control do you presently use?

    a. Foam___ b. IUD___ c. Diaphragm___

    d. The Pill___ e. Condom___

    f. Rhythm method___

    g. Other, please list_____

3. Which of the following best describes your current site for family planning services?

    a. Clinic___ b. Private physician___

    c. Health Dept. ___ d. Student Health

    Center___ e. Other, please list_____

    _____

4. Does any member of your family know about your contraceptive use?

   a. Yes___ b. No___ c. Don't know___. If yes,

   who? a. Mother___ b. Father___ c. Sister___

   d. Brother___ e. Husband___ f. Legal

   guardian___ g. Other, please list_____

5. Are you presently able to talk about sex with your parents?

   a. Yes___ b. No___ c. Don't know___. If no,

   why not? Please comment_____

   _____

6. Are you presently able to talk about birth control methods with your parents?

   a. Yes___ b. No___ c. Don't know___ d. If no,

   why not? Please comment_____

   _____

7. Do you feel your parents are knowledgeable enough to discuss contraceptive methods with you now?

   a. Yes___ b. No___ c. Don't know___ d. Other,

   please comment_____

   _____

THANK YOU FOR BEING A PART OF THIS PROJECT.

References

Allen Guttmacher Institute (1976). 11 Million Teenagers: What can be done about the epidemic of adolescent pregnancies in the United States. New York: Planned Parenthood Federation.

Anyan, W. R. (1978). Adolescent medicine in primary care. New York: John Wiley & Sons.

Daniels, W. A. (1977). Adolescents in health and disease. Saint Louis: C. V. Mosby Company.

Erikson, E. (1968). Identity, Youth and Crisis. New York: W. W. Norton Company.

Family Planning Perspectives (1979). Anniversaries, Family Planning Perspectives, 11(1), 2-4.

Fogel, C. A. & Woods, N. F. (1981). Health care of women. Saint Louis: C. V. Mosby Company.

Fox, G. L. (1982). The childbearing decision, chap. 5. Beverly Hills: Sage Publications.

Fox, G. L. & Inazu, J. K. (1980, July). Mother-daughter communication about sex, Family relations, 29, 347-352.

Furstenberg, F. F. (1971, Fall). Birth control experience among pregnant adolescents:

The process of unplanned parenthood, Social Problems, 19, 192-203.

Furstenberg, F. F., Markowitz, M., & Gordis, L. (1979). Birth control knowledge and attitudes among unmarried pregnant adolescents, Journal of Marriage and the Family, 30, 34-42.

Galbreath, J. (1980). Nursing theories: The base for professional nursing practice, Chap. 14. New Jersey: Prentice-Hill.

Herceg-Baron, R. & Furstenberg, F. F., Jr. (1982). Talking to parents about sex, birth control does not have an impact on teenager's contraceptive use, Family Planning Perspectives, 14(5), 279-280.

Jessor, S. L. & Jessor, R. (1975). Transition from virginity to nonvirginity among youth: A social psychological study overtime, Developmental Psychology, 11(4), 473-484.

Kagan, J. (1972). Readings in psychology today (2nd ed.). Delmar, California: CRM Books.

Kantner, J. & Zelnik, M. (1972). Sex experience of young unmarried women in the United States. Family Planning Perspectives, 4(4), 9-17.

Lowery, G. H. (1973). Growth and development of children (6th ed.). Chicago: Yearbook Medical Publishers.

McAnarney, E. & Aten, M. (1981). A behavioral approach to the care of adolescents. Saint Louis: C. V. Mosby Company.

Mississippi University for Women, Office of Institutional Research (1983). 82-83 Fact Book, Columbus: Author.

National Alliance of Business (1984). The Directory of historical black colleges in the United States. (15th ed.). Washington: Author.

National Center for Health Statistics: Advance report of final natality statistics, 1980. Monthly Vital Statistics Report, Vol. 31, no. 8, supp. DHHS Pub. No. (PHS) 83-1120. Public Health Service, Hyattsville, MD, November 1982.

Ooms, T. (1981). Teenage pregnancy in a family context. Philadelphia: Temple University Press.

Polit, D. F. & Hungler, B. P. (1983). Nursing research principles and methods (2nd ed.). Philadelphia: J. B. Lippincott Company.

Reiss, I. L. (1976). Premarital sexual standards. New York: Human Science Press.

Riehl, J. & Roy, C. (1980). Conceptual models for nursing practice (2nd ed.). New York: Appleton-Century-Crofts.

Roy, C. (1976). Introduction to nursing: An adaptation model. New Jersey: Prentice-Hall.

Tietze, C. (1978). Teenage pregnancies: Looking ahead to 1984, Family Planning Perspective, 10(4), 205-207.

Torres, A. (1978). Does your mother know . . .? Family Planning Perspectives, 10(5), 280-82.

United States Bureau of the Census, Current population reports, Series P-20, No. 387, Fertility of American Women: June 1982, U. S. Government Printing Office, Washington, D. C., 1984.

United States Bureau of the Census (1983). Statistical abstract of the United States: 1984 (104th ed.). Washington, D.C.: Author.

Zabin, Z. S., & Clark, S. D., Jr. (1981). Why they delay: A study of teenage family planning clinic patients, Family Planning Perspectives, 13(5), 205-207.

Zelnik, M. & Kantner, J. R. (1979). Reasons for nonuse of contraception by sexually active

women aged 15-19, Family Planning Perspectives, 11(5), 289-296.

Zelnik, M. & Kantner, J. (1978). First pregnancies to women aged 15-19: 1976 and 1971, Family Planning Perspectives, 10(1), 11-19.

Zelnik, M. & Sah, F. K. (1983). First intercourse among young Americans, Family Planning Perspectives, 15(2), 64-70.